

**UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF NEW YORK**

Revised 07/07 WDNV

21 CV 77

Jameen Wiggins

Name(s) of Plaintiff or Plaintiffs

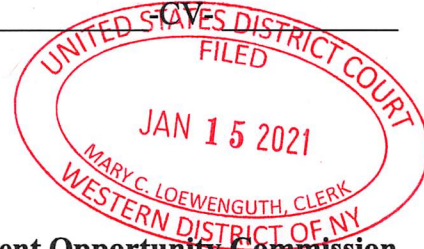
Jury Trial Demanded: Yes ___ No ___

-VS-

People Inc.
Division of Human Rights

Name of Defendant or Defendants

DISCRIMINATION COMPLAINT



You should attach a copy of your **original Equal Employment Opportunity Commission (EEOC) complaint**, a copy of the Equal Employment Opportunity Commission **decision**, AND a copy of the **"Right to Sue"** letter you received from the EEOC to this complaint. Failure to do so may delay your case.

Note: Only those grounds raised in the charge filed with the Equal Employment Opportunity Commission can be considered by the federal district court under the federal employment discrimination statutes.

This action is brought for discrimination in employment pursuant to (check only those that apply):

_____ Title VII of the Civil Rights Act of 1964, as codified, 42 U.S.C. §§ 2000e to 2000e-17 (amended in 1972, 1978 and by the Civil Rights Act of 1991, Pub.L.No. 102-166) (race, color, gender, religion, national origin).

NOTE: In order to bring suit in federal district court under Title VII, you **must first obtain a right to sue letter** from the Equal Employment Opportunity Commission.

_____ Age Discrimination in Employment Act of 1967, as codified, 29 U.S.C. §§ 621-634 (amended in 1984, 1990, and by the Age Discrimination in Employment Amendments of 1986, Pub.L.No. 99-592, the Civil Rights Act of 1991, Pub.L.No. 102-166).

NOTE: In order to bring suit in federal district court under the Age Discrimination in Employment Act, you **must first file charges** with the Equal Employment Opportunity Commission.

☒ Americans with Disabilities Act of 1990, as codified, 42 U.S.C. §§ 12112-12117 (amended by the Civil Rights Act of 1991, Pub.L.No. 102-166).

NOTE: In order to bring suit in federal district court under the Americans with Disabilities Act, you **must first obtain a right to sue letter** from the Equal Employment Opportunity Commission.

JURISDICTION is specifically conferred upon this United States District Court by the aforementioned statutes, as well as 28 U.S.C. §§ 1331, 1343. Jurisdiction may also be appropriate under 42 U.S.C. §§ 1981, 1983 and 1985(3), as amended by the Civil Rights Act of 1991, Pub.L.No. 102-166, and any related claims under New York law.

In addition to the federal claims indicated above, you may wish to include New York State claims, pursuant to 28 U.S.C. § 1367(a).

New York State Human Rights Law, N.Y. Exec. Law §§ 290 to 297 (age, race, creed, color, national origin, sexual orientation, military status, sex, disability, predisposing genetic characteristics, marital status).

PARTIES

1. My address is: 78 Isabelle Street / Buff Apartment 2C
Buffalo, New York 14207

My telephone number is: 716-444-1653

2. The name of the employer(s), labor organization, employment agency, apprenticeship committee, state or local government agency who I believe discriminated against me is/are as follows:

Name: Beth Geyger : People Inc. Human Resource

Number of employees: (1) one

Address: 1219 North Forest Rd
P.O. Box 9033
Williamsville, NY

3. (If different than the above), the name and/or the address of the defendant with whom I sought employment, was employed by, received my paycheck from or whom I believed also controlled the terms and conditions under which I were paid or worked. (For example, you worked for a subsidiary of a larger company and that larger company set personnel policies and issued you your paycheck).

Name: _____

Address: _____

CLAIMS

4. I was first employed by the defendant on (date): 7-2012 - July 20, 2012

5. As nearly as possible, the date when the first alleged discriminatory act occurred is: December 2, 2015
6. As nearly as possible, the date(s) when subsequent acts of discrimination occurred (if any did): December 2, 2015 and January 2016
7. I believe that the defendant(s)
- a. ☒ Are still committing these acts against me.
- b. ☐ Are not still committing these acts against me.
- (Complete this next item **only** if you checked "b" above) The last discriminatory act against me occurred on (date) _____
8. (Complete this section **only** if you filed a complaint with the New York State Division of Human Rights)
- The date when I filed a complaint with the New York State Division of Human Rights is August 1, 2016 Filing Date August 1, 2016
(estimate the date, if necessary)
- I filed that complaint in (identify the city and state): Buffalo, New York
- The Complaint Number was: SDHR Case No. 10179897 - (10179897)
FEDERAL Charge NO. 16GB601563 - 16-EDE
9. The New York State Human Rights Commission did ☒ /did not _____ issue a decision. (NOTE: If it **did** issue a decision, you **must** attach one copy of the decision to **each** copy of the complaint; failure to do so will delay the initiation of your case.)
10. The date (if necessary, estimate the date as accurately as possible) I filed charges with the Equal Employment Opportunity Commission (EEOC) regarding defendant's alleged discriminatory conduct is: August 1, 2016
11. The Equal Employment Opportunity Commission did ☒ /did not _____ issue a decision. (NOTE: If it **did** issue a decision, you **must** attach one copy of the decision to **each** copy of the complaint; failure to do so will delay the initiation of your case.)
12. The Equal Employment Opportunity Commission issued the attached Notice of Right to Sue letter which I received on: November 9th 2020. (NOTE: If it

did issue a Right to Sue letter, you **must attach** one copy of the decision to **each** copy of the complaint; failure to do so will delay the initiation of your case.)

13. I am complaining in this action of the following types of actions by the defendants:

- a. _____ Failure to provide me with reasonable accommodations to the application process
- b. _____ Failure to employ me
- c. ☒ Termination of my employment
- d. _____ Failure to promote me
- e. ☒ Failure to provide me with reasonable accommodations so I can perform the essential functions of my job
- f. _____ Harassment on the basis of my sex
- g. _____ Harassment on the basis of unequal terms and conditions of my employment
- h. _____ Retaliation because I complained about discrimination or harassment directed toward me
- i. _____ Retaliation because I complained about discrimination or harassment directed toward others
- j. _____ Other actions (please describe) _____

14. Defendant's conduct is discriminatory with respect to which of the following (*check all that apply*):

- a. _____ Race
- b. _____ Color
- c. _____ Sex
- d. _____ Religion
- e. _____ National Origin
- f. _____ Sexual Harassment
- g. _____ Age
_____ Date of birth
- h. ☒ Disability
Are you incorrectly perceived as being disabled by your employer?
_____ yes ☒ no

15. I believe that I was ☒ /was not _____ **intentionally** discriminated against by the defendant(s).

16. I believe that the defendant(s) is/are X is not/are not _____ still committing these acts against me. (If you answer is that the acts are not still being committed, state when: _____ and why the defendant(s) stopped committing these acts against you: _____)

17. A copy of the charge to the Equal Employment Opportunity Commission is attached to this complaint and is submitted as a brief statement of the facts of my claim. (NOTE: You must attach a copy of the original complaint you filed with the Equal Employment Opportunity Commission and a copy of the Equal Employment Opportunity Commission affidavit to this complaint; failure to do so will delay initiation of your case.)

18. The Equal Employment Opportunity Commission (check one):

_____ has not issued a Right to sue letter

X has issued a Right to sue letter, which I received on November 9, 2020

19. State here as briefly as possible the facts of your case. Describe how each defendant is involved, including dates and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

Facts: I was told that I couldn't change and then from original report, People Inc. has changed dates of incidents. People Inc. changed my reasons for termination from attendance to mistreatment and abuse.
 ② People Inc. sent my name and incident to OPWDD. I want my name clear. People Inc. had no proof, no evidence and one of their (witnesses) Gay didn't show up to court (October 2018) my last court date with Mr. Van Corning. Verified Complaint - Pursuant to Executive Law Article 15 Section 297 - Pre-Hearing Settlement 2018. Defamation of character slander, sending false report to OPWDD. My first attorney with the DHR for settlement had Ms. Rosalina P. refuse to counsel me. Judge then assigned Mr. Van Corning. Defamation of character slander and libel. I was fulfilling my responsibilities.

FOR LITIGANTS ALLEGING AGE DISCRIMINATION

20. Since filing my charge of age discrimination with the Equal Employment Opportunity Commission regarding defendant's alleged discriminatory conduct _____ 60 days or more have elapsed _____ less than 60 days have elapsed

FOR LITIGANTS ALLEGING AN AMERICANS WITH DISABILITIES ACT CLAIM

21. I first disclosed my disability to my employer (or my employer first became aware of my disability on January 15, 2015)

22. The date on which I first asked my employer for reasonable accommodation of my disability is Dec 2, 2015; second - First asked 4-14-15
23. The reasonable accommodations for my disability (if any) that my employer provided to me are: I was given transportation duties after two weeks co-workers with FMLA started complaining and I was removed from transportation back to regular job description duties.
24. The reasonable accommodation provided to me by my employer were ____/were not 1 effective.

WHEREFORE, I respectfully request this Court to grant me such relief as may be appropriate, including injunctive orders, damages, costs and attorney's fees.

Dated: 1-15-2021

Jameen Wiggins

Plaintiff's Signature

C Form 161 (11/16)

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION

DISMISSAL AND NOTICE OF RIGHTS

To: **Jimeen L Wiggins**
78 Isabelle Street
Apt 2C
Buffalo, NY 14207

From: **New York District Office**
33 Whitehall Street
5th Floor
New York, NY 10004

On behalf of person(s) aggrieved whose identity is
CONFIDENTIAL (29 CFR §1601.7(a))

EEOC Charge No.

EEOC Representative

Telephone No.

16G-2016-01563

Holly M. Shabazz,
State & Local Program Manager

(929) 506-5316

THE EEOC IS CLOSING ITS FILE ON THIS CHARGE FOR THE FOLLOWING REASON:

- ☐ The facts alleged in the charge fail to state a claim under any of the statutes enforced by the EEOC.
- ☐ Your allegations did not involve a disability as defined by the Americans With Disabilities Act.
- ☐ The Respondent employs less than the required number of employees or is not otherwise covered by the statutes.
- ☐ Your charge was not timely filed with EEOC; in other words, you waited too long after the date(s) of the alleged discrimination to file your charge
- ☐ The EEOC issues the following determination: Based upon its investigation, the EEOC is unable to conclude that the information obtained establishes violations of the statutes. This does not certify that the respondent is in compliance with the statutes. No finding is made as to any other issues that might be construed as having been raised by this charge.
- ☒ The EEOC has adopted the findings of the state or local fair employment practices agency that investigated this charge.
- ☐ Other (briefly state)

- NOTICE OF SUIT RIGHTS -

(See the additional information attached to this form.)

Title VII, the Americans with Disabilities Act, the Genetic Information Nondiscrimination Act, or the Age Discrimination in Employment Act: This will be the only notice of dismissal and of your right to sue that we will send you. You may file a lawsuit against the respondent(s) under federal law based on this charge in federal or state court. Your lawsuit **must be filed WITHIN 90 DAYS of your receipt of this notice**; or your right to sue based on this charge will be lost. (The time limit for filing suit based on a claim under state law may be different.)

Equal Pay Act (EPA): EPA suits must be filed in federal or state court within 2 years (3 years for willful violations) of the alleged EPA underpayment. This means that **backpay due for any violations that occurred more than 2 years (3 years) before you file suit may not be collectible.**

On behalf of the Commission



Judy A. Keenan,
District Director

October 20, 2020

(Date Mailed)

Enclosures(s)

cc:

Attn: Director of Human Resources
PEOPLE INC
1219 North Forest Road
P.O. Box 9033
Williamsville, NY 14221

12 - 2pm

9:44



**Division of
Human Rights**

**NEW YORK STATE
DIVISION OF HUMAN RIGHTS**

**NEW YORK STATE DIVISION
OF HUMAN RIGHTS**
on the Complaint of

JIMEEN L. WIGGINS,

Complainant,

v.

PEOPLE INC.,

Respondent.

**NOTICE AND
FINAL ORDER**

Case No. 10179897

Federal Charge No. 16GB601563

PLEASE TAKE NOTICE that the attached is a true copy of the Recommended Findings of Fact, Opinion and Decision, and Order ("Recommended Order"), issued on June 28, 2019, by Martin Erazo, Jr., an Administrative Law Judge of the New York State Division of Human Rights ("Division"). An opportunity was given to all parties to object to the Recommended Order, and all Objections received have been reviewed.

PLEASE BE ADVISED THAT, UPON REVIEW, THE RECOMMENDED ORDER IS HEREBY ADOPTED AND ISSUED BY THE HONORABLE ANGELA FERNANDEZ, COMMISSIONER, AS THE FINAL ORDER OF THE NEW YORK STATE DIVISION OF HUMAN RIGHTS ("ORDER"). In accordance with the Division's Rules of Practice, a copy of this Order has been filed in the offices maintained by the Division at One Fordham Plaza, 4th Floor, Bronx, New York 10458. The Order may be inspected by any

member of the public during the regular office hours of the Division.

PLEASE TAKE FURTHER NOTICE that any party to this proceeding may appeal this Order to the Supreme Court in the County wherein the unlawful discriminatory practice that is the subject of the Order occurred, or wherein any person required in the Order to cease and desist from an unlawful discriminatory practice, or to take other affirmative action, resides or transacts business, by filing with such Supreme Court of the State a Petition and Notice of Petition, within sixty (60) days after service of this Order. A copy of the Petition and Notice of Petition must also be served on all parties, including the General Counsel, New York State Division of Human Rights, One Fordham Plaza, 4th Floor, Bronx, New York 10458. Please do not file the original Notice or Petition with the Division.

ADOPTED, ISSUED, AND ORDERED.

DATED: **OCT 03 2019**
Bronx, New York


ANGELA FERNANDEZ
COMMISSIONER

①



Division of Human Rights

ANDREW M. CUOMO
Governor

HELEN DIANE FOSTER
Commissioner

August 3, 2016

Jimeen L. Wiggins
78 Isabelle St. Apt. 2C
Buffalo, NY 14207

Re: Jimeen L. Wiggins v. People Inc.
Case No. 10179897

Dear Jimeen L. Wiggins:

Please be advised that this office has received your complaint. Your filing date is 8/1/2016.

A copy of your complaint, and the determination, will be sent to the U.S. Equal Employment Opportunity Commission (EEOC), so that your complaint may be dual-filed under applicable federal law. Your EEOC charge number is 16GB601563.

To protect your rights, it is essential that the Division be notified promptly of any change in your address or telephone number. A form is enclosed for this purpose.

You will be contacted by the Human Rights Specialist assigned to your case when the active investigation of your complaint begins. In the meantime, if you have any questions please call our office at (716) 847-7632.

Very truly yours,

A handwritten signature in black ink, reading "Tasha E. Moore".

Tasha E. Moore
Regional Director

* * * COMMUNICATION RESULT REPORT (JAN. 15. 2015 1:26PM) * * *

FAX HEADER 1: PEOPLE INC
FAX HEADER 2:

TRANSMITTED/STORED : JAN. 15. 2015 1:25PM

| FILE MODE | OPTION | ADDRESS | RESULT | PAGE |
|----------------|--------|------------|--------|------|
| 9802 MEMORY TX | | Fax Server | OK | 2/2 |

REASON FOR ERROR
E-1) HANG UP OR LINE FAIL
E-3) NO ANSWER

E-2) BUSY
E-4) NO FACSIMILE CONNECTION

- Leadership
- Prevention
- Quality
- Independence



People Inc

- Leadership
- Prevention
- Quality
- Independence

People Inc. is WNY's largest health and human services agency providing programs and services to more than 10,000 people with special needs, their families, and seniors."

Confidential Fax Cover

Date: 1/15/2015

Total # of pages including cover sheet: _____

To: HUMAN RESOURCEFax: 817-2600

Company: _____

Phone: 716-444-1053From: Jameen WigginsTitle: PI

Message:

*I WAS told that I have Plantar Fasciitis (heel pain) ^{left} _{foot}
AND Pectoralis strain in upper left chest and shoulder ^{left} _{side}*

People Inc • 2128 Elmwood Avenue • Buffalo, New York 14207 • www.people-inc.org
(716) 874-7600/WNY toll-free 1-888-7PEOPLE Fax: (716) 874-7775

Accompanying this fax transmission contain confidential information belonging to the sender which is legally privileged. The information is
not to be disclosed for the case of the individual or entity named above. If you are not the intended recipient, you are hereby notified that any disclosure,
distribution or use of this faxed information for any purpose whatsoever is strongly prohibited. If you have received this faxed material in
error, please notify us IMMEDIATELY that we may arrange for the return of the original documents to us.



NORTHTOWN
PODIATRY GROUP
Podiatrist • Foot Surgery • Sports Medicine

DATE:

4/14/15

PT NAME:

Timber Wiggins

DOB:

08/08/1966

TO WHOM IT MAY CONCERN,

THE ABOVE PATIENT IS CURRENTLY UNDER MY CARE. THE FOLLOWING INFORMATION PERTAINS TO THIS PATIENT.

☒ WAS SEEN IN THE OFFICE TODAY.

☐ IS RELEASED TO RETURN TO WORK ON THE FOLLOWING: _____

☐ IS UNABLE TO RETURN TO WORK AT THIS TIME DUE TO THE FOLLOWING: _____

☐ IS NOT ABLE TO PARTICIPATE IN THE PHYSICAL EDUCATION PROGRAM AT SCHOOL.

☐ IS IN GOOD PHYSICAL HEALTH.

☐ SURGERY IS SCHEDULED FOR _____ AND PATIENT MAY RETURN TO
WORK AFTER _____ WEEKS.

☐ MEDICATIONS: _____

☒ RESTRICTIONS: Recommend a desk duty until the pain to left heel
Resolves

☐ OTHER: _____

HARSHINI ARORA

SPM

(PHYSICIAN SIGNATURE)

DR. SEAN E. KEATING • DR. DANIEL B. KEATING • DR. JOSEPH M. ANAIN, JR. • DR. MICHAEL P. BUTLER • DR. MICHAEL D. LACIVITA
9600 MAIN ST., CLARENCE, NEW YORK 14031 PH: 759-2004
2121 MAIN ST., STE. 106, BUFFALO, NEW YORK 14214 PH: 838-2983

Diplomates American Board of Podiatric Surgery
Board Certified



NORTHTOWN
PODIATRY GROUP

Podiatrist • Foot Surgery • Sports Medicine

DATE: 5/12/15

PT NAME: Jimeen Wiggins

DOB:

TO WHOM IT MAY CONCERN,

THE ABOVE PATIENT IS CURRENTLY UNDER MY CARE. THE FOLLOWING INFORMATION PERTAINS TO THIS PATIENT.

- ☒ WAS SEEN IN THE OFFICE TODAY.
- ☐ IS RELEASED TO RETURN TO WORK ON THE FOLLOWING: _____
- ☒ IS UNABLE TO RETURN TO WORK AT THIS TIME DUE TO THE FOLLOWING:
plantar fasciitis of foot w/ extreme pain approximate
is constant bandage & healing for 3 weeks
- ☐ IS NOT ABLE TO PARTICIPATE IN THE PHYSICAL EDUCATION PROGRAM AT SCHOOL.
- ☐ IS IN GOOD PHYSICAL HEALTH.
- ☐ SURGERY IS SCHEDULED FOR _____ AND PATIENT MAY RETURN
WORK AFTER _____ WEEKS.
- ☐ MEDICATIONS: _____
- ☐ RESTRICTIONS: _____
- ☐ OTHER: NO WORK for 3 weeks, Rest, ice & elevation

(PHYSICIAN SIGNATURE)



NORTHTOWN
PODIATRY GROUP

Podiatrist • Foot Surgery • Sports Medicine

Pt name: Jimenez Aggus
DATE:

Date: 6/2/15
PT NAME:
DOB: 8/8/66

TO WHOM IT MAY CONCERN,

THE ABOVE PATIENT IS CURRENTLY UNDER MY CARE. THE FOLLOWING INFORMATION PERTAINS TO THIS PATIENT.

- ☒ WAS SEEN IN THE OFFICE TODAY.
- ☐ IS RELEASED TO RETURN TO WORK ON THE FOLLOWING: _____
- ☒ IS UNABLE TO RETURN TO WORK AT THIS TIME DUE TO THE FOLLOWING:

- ☐ IS NOT ABLE TO PARTICIPATE IN THE PHYSICAL EDUCATION PROGRAM AT SCHOOL.
- ☐ IS IN GOOD PHYSICAL HEALTH.
- ☐ SURGERY IS SCHEDULED FOR _____ AND PATIENT MAY RETURN
WORK AFTER _____ WEEKS.
- ☐ MEDICATIONS: _____
- ☐ RESTRICTIONS: _____
- ☒ OTHER: CAN RETURN TO WORK ON MONDAY 6/8/15

(PHYSICIAN SIGNATURE)

- Leadership
- Prevention
- Quality
- Independence



People Inc

- Leadership
- Prevention
- Quality
- Independence

People Inc. is WNY's largest health and human services agency providing programs and services to more than 10,000 people with special needs, their families, and seniors."

Confidential Fax Cover

Date: 6-4-2015

Total # of pages including cover sheet: 2

To: Catherine
Katherine - HR

Fax: 716-817-2600

From: JIMEEN Wiggins

No restrictions listed

People Inc • 2128 Elmwood Avenue • Buffalo, New York 14207 • www.people-inc.org
(716) 566-4853 Fax (716) 874-3969

Sheets accompanying this fax transmission contain confidential information belonging to the sender which is legally privileged. The information is included for the case of the individual or entity named above. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or use of this faxed information for any purpose whatsoever is strongly prohibited. If you have received this faxed material in error, please notify us IMMEDIATELY that we may arrange for the return of the original documents to us.



December 2, 2015

Jimeen Wiggins
78 Isabelle St. Apt. 2C
Buffalo, NY 14207
Employee # 112943

Dear Jimeen,

This letter is to confirm that effective December 2, 2015 you are placed on unpaid administrative leave. This protective measure applies to all positions you have with People Inc. During this leave your benefits will continue without interruption. Although this is an unpaid leave you may utilize accrued PTO, by contacting your Supervisor or next chain of command. PTO will not automatically be applied to any unpaid leave of absence.

You will remain on leave pending receipt and review of the requested documentation. Your cooperation will expedite this process. Failure to comply with People Inc. policy, including the failure to comply with the Agency's Retaliation policy, may result in corrective action up to and including termination of employment.

You will not be eligible to apply or interview for other positions in the Agency until you return from administrative leave.

If you have any questions or concerns during the course of your leave, please call me at (716) 817-7479.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Britta Kelley', is written over a horizontal line.

Britta Kelley
Director of Employee Relations



December 3, 2015

Where your world opens up.

Jimeen Wiggins
78 Isabelle St Apt 2C
Buffalo, NY 14207

Dear Jimeen:

Because you disclosed you were having crisis situations as well as foot pain that has caused to you miss work exceeding the site policy for unplanned absences, we are requesting further information from your physician. Please take this letter, along with the enclosed job description and *Physician Medical Certification* form to your Doctor for his/her review. You will need to have your Physician complete the enclosed *Physician Medical Certification* form and return it Human Resources no later than **December 17, 2015**.

In completing the *Physician Medical Certification* form, your physician should understand that assisting the individuals we serve, SCIP-R, and driving are essential components of your job. The enclosed responsibilities are submitted to clarify the particular duties of your job and enable your physician to fully evaluate your situation. You are expected to perform these duties as part of your regular work assignment.

Your physician should feel free to call me at 817-7202 if he/she wishes to discuss any additional aspect of your position. Please return the *Physician Medical Certification* to Human Resources by **December 17, 2015**.

Sincerely,

A handwritten signature in cursive script that reads "Katherine Guas".

Katherine Guas
Benefits and Safety Coordinator

Enclosures (3): Physician Medical Certification Form
Job Description
SCIP-R FAQ's

From: Community Health Center

12/07/2015 15:05

#092 P.002/003

ada med
112943

PHYSICIAN MEDICAL CERTIFICATION

Physician's Name: Pamela Reed MD Date: 12/4/15
 Physician's Address: 34 Benwood Avenue Buffalo, NY 14214
 Patient's Name: Jimeen Wiggins

1.) I have read a copy of the Company's transmittal letter, job description, & SCIP-R FAQ sheet.
 Yes ☒ No ☐

2.) Please identify the patient's condition(s) which is/are the subject of this report:
Left foot plantar fasciitis

Patient's condition arises from a physical impairment. Yes ☒ No ☐
 If yes, identify physical impairment: _____

Patient's condition arises from a mental impairment. Yes ☐ No ☒
 If yes, identify mental impairment: _____

3.) Is patient receiving any treatment to correct his/her condition? Yes ☒ No ☐
 Explain: Bio steroid injection, shoe inserts, NSAID

4.) How long have you been treating patient for this condition? 1 day

5.) Identify any and all current work related symptoms/problems patient is experiencing as a result of his/her condition.
Increased pain medial aspect of foot superior to heel

6.) Is the patient able to perform the essential functions and meet the physical requirements identified in the attached job description? Yes ☐ No ☒
 Explain: Unable to stand for prolonged periods in the performance of her job duties

7.) Is patient limited in his/her ability to perform his/her essential job functions? Yes ☒ No ☐
 Explain: as stated in 6.

8.) Are accommodations needed? Yes ☒ No ☐
 a. If the patient's condition suggests an accommodation is necessary to enable them to perform their job functions, please identify the accommodation requested:
Avoidance of standing for more than 30 minutes in a row
 b. Identify the time-frame in which the accommodation will be needed:
at least 6 months - 1 year

From: Community Health Center

12/07/2015 15:06

#092 P.003/003

- 9.) If the patient will be absent from work or other daily activities because of treatment on an intermittent or part-time basis, also provide an estimate of the probable number of and interval between such treatments, actual or estimated dates of treatment if known, and period required for recovery if any: _____

- 10.) Do the patient's job duties pose a significant risk of re-injury? Yes _____ No X

The potential risk of patient's injury from performing the described duties is:

Remote Imminent
1 2 3 4 5

Explain: _____

The potential severity of harm from patient's injury is:

Minimal Significant
1 2 3 4 5

Explain and identify the specific risk of re-injury patient's job duties are likely to pose:

Patient will experience increase of pain and
potential swelling in her leg too

- 11.) When do you anticipate that the patient can safely return to his/her previous job? ASAP

Parvula Reed
Physician's Signature

Date

12/4/15

People Inc.

Job Description

| | |
|-------------------------------|-----------------------|
| Job Title: | Primary Instructor |
| Department: | Day Programs |
| FLSA Status: | Non-exempt |
| Prepared/Revised Date: | September 2015 |
| Report Relationship: | Senior Day Supervisor |

SUMMARY OF DUTIES:

All primary instructors support individual's character, choices, strengths, interests and needs. Ensures the safety, health and well-being of individuals. Responsible for ensuring that confidentiality is strictly maintained concerning all agency related information.

ESSENTIAL FUNCTIONS/RESPONSIBILITIES:

- Plans, coordinates and implements meaningful activities on a daily basis; community activities that promote independence, individualism, inclusion, and productivity with consultation and supervision from the appropriate team members.
- Assists in developing and implementing personalized day habilitation plans.
- Supports individuals and assists in the development of individualized social, volunteer and career exploration related skills.
- Assists with the planning, development and implementation of community activities and community based volunteer opportunities to enhance individual's career exploration.
- Ensures adequate supplies are available to support individual needs.
- Completes required documentation promptly and accurately. Provides status reports on implementation.
- Attends/participates in general staff meetings, in-service training and other pertinent agency and community program meetings/trainings.
- Attends review meetings for assigned individuals and assists individual to advocate for themselves.
- Mentors and provides direction to newly hired or assigned co-workers
- Promotes inclusion philosophy.
- Complete monthly summaries
- Ensures the healthy, safety and welling being of individuals
- Meets and maintains approved driver status and safely provides transportation for individuals as necessary.
- Performs CPR and Strategies for Crisis Intervention and Prevention (SCIP-R).
- Complies with all agency policies and procedures.
- Other duties as assigned.

*dm not currently working
J. Wiggins*

ACCOUNT #
1004445524
ATTN: NO 12



People Inc

Where your world opens up.

January 6, 2016

Jimeen L. Wiggins
78 Isabelle St.
Apt. 2 C
Buffalo, New York 14207

Dear Jimeen:

This letter is to confirm that your employment from People Inc. terminated on January 4, 2016. Please return keys, badge, swipe card or other applicable agency property to 1219 North Forest Road, Williamsville, NY 14221.

Your final pay, if any is owed to you, will include (if applicable) any accrued PTO, that is eligible to be paid out based on your years of service.

Please find enclosed information regarding People Inc. benefits and information regarding the option to convert your People Inc. group life insurance policy to a personal policy at your expense. If interested, please complete the employee section of the conversion application form and return it to the Human Resource Department.

Please note that in addition to items that may be required under applicable laws and regulations, our policy on references for past employees is to verify only dates of employment and most recent job title.

For questions regarding benefit information, please contact Edyie Belter, Senior Benefits Specialist at 817-7244.

Sincerely,

Jeffrey Metz
Associate Vice President, Human Resources

dm
Enclosures

15



Gateway Longview

protect • enrich • give hope

5/9/2016

Dear Jameen,

Congratulations on your completion of the MAPP certification program with Gateway Longview. We recognize the time and commitment it takes for a family to walk this journey with us and truly appreciate all of your participation.

As a reminder, we will still need to collect the following documents from you in order to continue moving forward with the final certification steps, including your written home study. Please do not hesitate to reach out to me or your assigned home finder with any questions regarding the needed documents below:

- State Central Registry
- Medical Form
- Local Police Clearance
- Fire Safety Inspection
- Floor Plan
- All vehicle information if you drive (registration, license, proof of insurance)
- Income verification (paystub or W2)

Thank you once again for sharing your Monday and Thursday evening with us and we wish you much success in the future.

Sincerely,

Steve Poissant

Home Finder-Permanency Planner | Gateway Longview
10 Symphony Circle | Buffalo, NY 14201

E: spoissant@gateway-longview.org

O: (716) 783.3198 | F: (716) 883.0645 | C: (716) 783.2909

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Gateway Longview

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term form 12-14

EMPLOYEE NAME: JIMEEN L. WIGGINS
EMPLOYEE NUMBER: 112943

ENTER INFORMATION TO CHANGE:
TYPE OF CHANGE: TERMINATION
EFFECTIVE DATE: 1/4/16
JOB TITLE: DOH: 7/20/2012
JOB CODE:
DEPARTMENT NUMBER:
WORK LOCATION: ELMWOOD DAY HAB
SUPERVISOR:
HOURLY RATE:
ANNUAL SALARY:
STANDARD HOURS BIWEEKLY:
EXEMPT OR NON-EXEMPT:

IF RESIGNATION- REASON:

ATTENDANCE

substantiated - mistreatment

REHIRE- YES OR NO:

No

APPROVALS**DIRECTOR:**
ASSOCIATE VICE PRESIDENT:**VICE PRESIDENT:****SVP/CFO/CAO:****CEO/ PRESIDENT:****DATE:****DATE:****DATE:****DATE:****DATE:****DATE:**

JS 44 (Rev. 06/17)

CIVIL COVER SHEET

21 CV 77

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)

I. (a) PLAINTIFFS

DEFENDANTS People Inc.

(b) County of Residence of First Listed Plaintiff Jew Jerome Wiggins
(EXCEPT IN U.S. PLAINTIFF CASES)

County of Residence of First Listed Defendant
(IN U.S. PLAINTIFF CASES ONLY)

NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED.

(c) Attorneys (Firm Name, Address, and Telephone Number)
Pro se

Attorneys (If Known)

II. BASIS OF JURISDICTION (Place an "X" in One Box Only)

- ☐ 1 U.S. Government Plaintiff ☒ 3 Federal Question (U.S. Government Not a Party)
- ☐ 2 U.S. Government Defendant ☐ 4 Diversity (Indicate Citizenship of Parties in Item III)

III. CITIZENSHIP OF PRINCIPAL PARTIES (Place an "X" in One Box for Plaintiff and One Box for Defendant)

- | | PTF | DEF | | PTF | DEF |
|---|---------------------------------------|----------------------------|---|----------------------------|----------------------------|
| Citizen of This State | <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 1 | Incorporated or Principal Place of Business In This State | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 |
| Citizen of Another State | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | Incorporated and Principal Place of Business In Another State | <input type="checkbox"/> 5 | <input type="checkbox"/> 5 |
| Citizen or Subject of a Foreign Country | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | Foreign Nation | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 |

IV. NATURE OF SUIT (Place an "X" in One Box Only)

Click here for: Nature of Suit Code Descriptions.

| CONTRACT | TORTS | FORFEITURE/PENALTY | BANKRUPTCY | OTHER STATUTES | |
|---|--|--|---|---|---|
| <input type="checkbox"/> 110 Insurance <input type="checkbox"/> 120 Marine <input type="checkbox"/> 130 Miller Act <input type="checkbox"/> 140 Negotiable Instrument <input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment <input type="checkbox"/> 151 Medicare Act <input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excludes Veterans) <input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits <input type="checkbox"/> 160 Stockholders' Suits <input type="checkbox"/> 190 Other Contract <input type="checkbox"/> 195 Contract Product Liability <input type="checkbox"/> 196 Franchise | PERSONAL INJURY <input type="checkbox"/> 310 Airplane <input type="checkbox"/> 315 Airplane Product Liability <input type="checkbox"/> 320 Assault, Libel & Slander <input type="checkbox"/> 330 Federal Employers' Liability <input type="checkbox"/> 340 Marine <input type="checkbox"/> 345 Marine Product Liability <input type="checkbox"/> 350 Motor Vehicle <input type="checkbox"/> 355 Motor Vehicle Product Liability <input type="checkbox"/> 360 Other Personal Injury <input type="checkbox"/> 362 Personal Injury - Medical Malpractice | PERSONAL INJURY <input type="checkbox"/> 365 Personal Injury - Product Liability <input type="checkbox"/> 367 Health Care/Pharmaceutical Personal Injury Product Liability <input type="checkbox"/> 368 Asbestos Personal Injury Product Liability PERSONAL PROPERTY <input type="checkbox"/> 370 Other Fraud <input type="checkbox"/> 371 Truth in Lending <input type="checkbox"/> 380 Other Personal Property Damage <input type="checkbox"/> 385 Property Damage Product Liability | <input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881 <input type="checkbox"/> 690 Other LABOR <input type="checkbox"/> 710 Fair Labor Standards Act <input type="checkbox"/> 720 Labor/Management Relations <input type="checkbox"/> 740 Railway Labor Act <input type="checkbox"/> 751 Family and Medical Leave Act <input type="checkbox"/> 790 Other Labor Litigation <input type="checkbox"/> 791 Employee Retirement Income Security Act IMMIGRATION <input type="checkbox"/> 462 Naturalization Application <input type="checkbox"/> 465 Other Immigration Actions | <input type="checkbox"/> 422 Appeal 28 USC 158 <input type="checkbox"/> 423 Withdrawal 28 USC 157 PROPERTY RIGHTS <input type="checkbox"/> 820 Copyrights <input type="checkbox"/> 830 Patent <input type="checkbox"/> 835 Patent - Abbreviated New Drug Application <input type="checkbox"/> 840 Trademark SOCIAL SECURITY <input type="checkbox"/> 861 HIA (1395ff) <input type="checkbox"/> 862 Black Lung (923) <input type="checkbox"/> 863 DIWC/DIWW (405(g)) <input type="checkbox"/> 864 SSID Title XVI <input type="checkbox"/> 865 RSI (405(g)) FEDERAL TAX SUITS <input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant) <input type="checkbox"/> 871 IRS—Third Party 26 USC 7609 | <input type="checkbox"/> 375 False Claims Act <input type="checkbox"/> 376 Qui Tam (31 USC 3729(a)) <input type="checkbox"/> 400 State Reapportionment <input type="checkbox"/> 410 Antitrust <input type="checkbox"/> 430 Banks and Banking <input type="checkbox"/> 450 Commerce <input type="checkbox"/> 460 Deportation <input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations <input type="checkbox"/> 480 Consumer Credit <input type="checkbox"/> 490 Cable/Sat TV <input type="checkbox"/> 850 Securities/Commodities/Exchange <input type="checkbox"/> 890 Other Statutory Actions <input type="checkbox"/> 891 Agricultural Acts <input type="checkbox"/> 893 Environmental Matters <input type="checkbox"/> 895 Freedom of Information Act <input type="checkbox"/> 896 Arbitration <input type="checkbox"/> 899 Administrative Procedure Act/Review or Appeal of Agency Decision <input type="checkbox"/> 950 Constitutionality of State Statutes |
| REAL PROPERTY <input type="checkbox"/> 210 Land Condemnation <input type="checkbox"/> 220 Foreclosure <input type="checkbox"/> 230 Rent Lease & Ejectment <input type="checkbox"/> 240 Torts to Land <input type="checkbox"/> 245 Tort Product Liability <input type="checkbox"/> 290 All Other Real Property | CIVIL RIGHTS <input type="checkbox"/> 440 Other Civil Rights <input type="checkbox"/> 441 Voting <input type="checkbox"/> 442 Employment <input type="checkbox"/> 443 Housing/Accommodations <input checked="" type="checkbox"/> 445 Amer. w/Disabilities - Employment <input type="checkbox"/> 446 Amer. w/Disabilities - Other <input type="checkbox"/> 448 Education | PRISONER PETITIONS Habeas Corpus: <input type="checkbox"/> 463 Alien Detainee <input type="checkbox"/> 510 Motions to Vacate Sentence <input type="checkbox"/> 530 General <input type="checkbox"/> 535 Death Penalty Other: <input type="checkbox"/> 540 Mandamus & Other <input type="checkbox"/> 550 Civil Rights <input type="checkbox"/> 555 Prison Condition <input type="checkbox"/> 560 Civil Detainee - Conditions of Confinement | | | |

V. ORIGIN (Place an "X" in One Box Only)

- ☒ 1 Original Proceeding ☐ 2 Removed from State Court ☐ 3 Remanded from Appellate Court ☐ 4 Reinstated or Reopened ☐ 5 Transferred from Another District (specify) ☐ 6 Multidistrict Litigation - Transfer ☐ 8 Multidistrict Litigation - Direct File

VI. CAUSE OF ACTION

Cite the U.S. Civil Statute under which you are filing (Do not cite jurisdictional statutes unless diversity):

Brief description of cause:

VII. REQUESTED IN COMPLAINT:

☐ CHECK IF THIS IS A CLASS ACTION UNDER RULE 23, F.R.Cv.P.

DEMAND \$

CHECK YES only if demanded in complaint:

JURY DEMAND: ☐ Yes ☐ No

VIII. RELATED CASE(S) IF ANY

(See instructions):

JUDGE

DOCKET NUMBER

DATE

SIGNATURE OF ATTORNEY OF RECORD

FOR OFFICE USE ONLY

RECEIPT #

AMOUNT

APPLYING IFP

JUDGE

MAG. JUDGE